## Al Udeid Air Base Education Center DSN 318-455-6542 al\_udeidbtes@auab.afcent.af.mil



## TAPAS- Tailored Adaptive Personality Assessment System

## Applicant Information PLEASE COMPLETE THIS WORKSHEET BY ENTERING ALL APPROPRIATE INFORMATION \*\* READ AND FILL ALL BLOCKS IF LEFT BLANK WE WILL BELIEVE IT IS NOT APPLICABLE \*\*

First Name:	, MI:	Last Name:
SSN:	_ Gender (M/F):	DOB (MM/DD/YYYY):
Ethnicity:	Hispanic or Latino:	Not Hispanic or Latino:
Race (Check all that apply)		
American Indian or Alaska Native		White
Native Hawaiian or other Pacific Islander		Asian
Black or African American		
Fill in the following about your curre	ent residence:	
Zip code	City, State _	
Check the entry that represents your	highest level of educa	ation obtained:
High School Graduate	2	1 Year College
2 Years College		3 Year College
Undergraduate Degree	e	Master's Degree
Doctorate Degree		
Enter education information:		
Undergraduate Institution: _		
Undergraduate Major:		
Based on a 4-point scale, enter you c	current cumulative grad	de point average to two decimal places (3.25). (Note t
Pilot/CSO/ABM candidates: You wi	ll be asked to show the	e Test Examiner your current transcripts)
Check the entry that indicates your c	urrent status:	
AF Academy Cadet		ROTC Cadet/Applicant
OTS Applicant (Enliste	ed)	OTS Applicant civilian
Active Duty Officer		ANG Pilot training Applicant
AF Reserve Pilot training	ng Applicant	Retraining AFSC
		None of the above
Check the entry indicating your com	-	
AF Academy	_ROTC	OTSOther (explain)
Check the entry indicating your high	est aeronautical rating	
None		Student pilot's license
Private pilot's license		Commercial rating
Airline transport rating		

Enter the total number of instructional and pilot in charge flying hours you have flown as a licensed and/or unlicensed pilot. (Note to Pilot/CSO/ABM candidates: you will be asked to show the test examiner your pilot logbook before taking the TAPAS test.) \_\_\_\_\_\_.

Check the entry(s) representing the type(s) of aircraft in which the flying hours you indicated in the previous question were accumulated)

Fixed wing	Rotary wing		Single engine
Multi engine	RPA		Other
Certified flight instructor			Not applicable
AFOQT test location (Optional)			
Email address (Optional)			
Have you ever taken the TAPAS before?	Yes	No	
If yes, was the test within the last six (6) i	months? Yes	No	
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If you answered yes to either question, stop and inform the text examiner, if No proceed.

Please initial each entry below.

\_\_\_\_\_To the best of my knowledge I am physically and emotionally fit to take the Tailored Adaptive Personality Assessment System test battery today.

I understand one retest of the TAPAS is allowed after 180 days from the original test date have passed. I am not aware of any physical or mental condition (i.e. personal stresses, sickness, lack of sleep, ETC), which will negatively impact my ability to perform up to my ability on the TAPAS.

I verify that the information on this candidate information worksheet is correct. I understand that falsification of any of the information on this worksheet will result in my disqualification from consideration for Air Force Pilot training.

I understand that discussion the contents of this test with anyone other than the test administrator will result in my disqualification from consideration for Air Force Pilot training. Further, I understand discussion or disclosure of controlled test material is a violation of Article 92, UCMJ, punishable by up to 2 years hard labor and dishonorable discharge from the Armed Forces.

Signature:

Date:

Date test administered:	
Examiner's Initials:	

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force; powers, duties, and delegation, as implemented by AFMAN 36-2664, Air Force Military Personnel Testing System, Executive Order 9397 (SSN) and Executive Order 13478 (PII). PURPOSE: Used to process and track Test of Basic Aviation Skills (TBAS) results. ROUTINE USES: For use in Personnel Selection/Classification. DISCLOSURE: Voluntary - Failure to provide SSN will result in disqualification for TAPAS testing AF SORN: F033 AF B, Privacy Act Request File, and F036 AF PC Q, Personnel Data Systems (PDS)